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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 836463 (0)

1. Corporation Name
HPSC, INC.

Principal Place of Business

60 STATE ST. 35TH FL
TAX DEPT
BOSTON MA 02109-1803
US

Mailing Address

60 STATE ST. 35TH FL
TAX DEPT
BOSTON MA 02109-1803
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/02/1976

3a. Date of Last Report

05/01/1996

4. FEI Number

04-2560004

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re/instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	MCMAHON, DENNIS	
STREET ADDRESS	50 LEE ST	
CITY - ST - ZIP	MARBLEHEAD MA	
TITLE	PTD	DELETE
NAME	DOHERTY, RAYMOND R.	
STREET ADDRESS	242 CROSS STREET	
CITY - ST - ZIP	BELMONT MA	
TITLE	T	DELETE
NAME	LEFEBVRE, RENE	
STREET ADDRESS	45 MELANIE LANE	
CITY - ST - ZIP	WRENTHAM MA	
TITLE	CEO	DELETE
NAME	EVERETS, JOHN	
STREET ADDRESS	72 CHESTNUT ST.	
CITY - ST - ZIP	BOSTON MA	
TITLE	D	DELETE
NAME	COLE, DOLLIE	
STREET ADDRESS	P. O. BOX 1088 N/A	
CITY - ST - ZIP	LOCKHART TX	
TITLE	D	DELETE
NAME	MCDUGAL, TOM M.	
STREET ADDRESS	108 NORTH COTTONWOOD DRI	
CITY - ST - ZIP	RICHARDSON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/97 617-720-3600
Date Daytime Phone # 6666076

CR2E034 (9/96)